

September 4, 2003

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-03-1658-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient is an ___ who was injured at work on ___. At the time she was working with a patient who suddenly grabbed her, causing her to lose her balance and injure her low back. ___ reported pain radiating down both lower extremities, mostly on the right. She had initial x-rays and was initially seen by ___ in ___ on 9/3/02.

This patient has undergone some fairly extensive treatment including paravertebral injections in the muscles, a series of lumbar epidural corticosteroid injection by ___ in ___, and has had much treatment on a computerized lumbar axial traction apparatus in his office.

She had a multitude of nerve conduction studies on 11/22/02 but no needle electromyographic studies. There was some nerve conduction indication interpretations for radiculopathy. (Although peripheral nerve conduction studies cannot diagnose a nerve root problem.) ___ has had MRI studies that revealed lumbar disc disorder and a degenerative condition also, with some small protrusions at L4/5. By the 1/14/03 progress report she was still having severe symptomatology. Neurosurgical treatment was discussed, however she initially refused that category of referral, continuing with medications and blocks.

In the spring of 2003 she was provided a neuromuscular stimulator and apparently has found this considerably helpful in a palliative way with her pain syndrome.

The 8/12/03 clinic notes indicate she was continuing with low back pain, fairly severe, trouble with lying in bed, sleeping, and much trouble with activities of daily living. Medications have included Hydrocodone, Vioxx and Elavil. She also has a home program of exercise and aquatic exercise. She is still off work.

This patient has seen neurosurgeons and reportedly was felt not a surgical candidate at the present time.

REQUESTED SERVICE

The purchase of an RS-4i sequential stimulator, a 4-channel combination interferential & muscle stimulator unit, is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ___ reviewer finds that the purchase of the requested unit is justified for ___. This patient had a specific injury, has a discopathy, and symptoms that will not fully resolve for the indefinite future, at least they have not for the past year. She reportedly gets at least partial pain relief with the use of her stimulator, and has for several months.

Just as when reasonable medications/pharmaceuticals/etc. and other modalities are found beneficial over the long term, and which are allowable, the benefits of pain-blocking actions of a surface stimulator should also be allowed in these chronic cases. Just as ibuprofen, Darvocet, or other meds would be allowed with reason if shown sufficiently helpful, so should the stimulator – in this case.

This device can help patients function better, get better rest periods, suffer with less pain intensity, etc. Each case must be judged clinically on its merits. Many patients can have some prolonged benefit for several hours long after the stimulator is turned off. The ___ reviewer has found this to be true in practice, and not uncommonly. Of course the reviewer has never met this patient and can only go on what can be gleaned from the provided records. Given the specific nature and prolonged chronicity of this case, the purchase of this device is recommended.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 4th day of September 2003.